

<b>Topic:</b>	<b>Supporting Students with Diabetes</b>
<b>Effective:</b>	<b>April 2018</b>
<b>Review Date:</b>	<b>April 2024</b>
<b>Cross Reference:</b>	<b>Human Rights Code, RSO 1990, c.H.19 Education Act, RSO 1990, c.E.2, s. 265(1)(j) Regulation 298 made under the Education Act, S. 11(1) and 20(g) Good Samaritan Act, 2001, SO 2001, c 2 Health Care Consent Act, 1996, SO 1996, c 2, Sch A Health Promotion and Protection Act, RSO 1990, c H.7. Municipal Freedom of Information and Protection of Privacy Act, RSO 1990, c.M56 Personal Health Information Protection Act, 2004, SO 2004, c3, Sch A Regulated Health Professions Act, SO 1991, SO 1991, c 18 PPM 81, Provision of Health Support Services in School Settings PPM 149 Protocol for Partnerships with External Agencies for Provision of Services by Regulated Health Professionals, Regulated Social Service Professions and Paraprofessionals PPM 150 Collaborative Professionalism PPM 161 Supporting Children and Students with Prevalent Medical Conditions in Schools HDSB Administrative Procedures: “Administration of Prescribed and Emergency Medication – Elementary and Secondary”; “Day Field Trips and In-School Presentations; Student Excursions”; Infection Prevention - Body Fluid (Spill) Clean-up</b>
<b>Responsibility:</b>	<b>Superintendent of Education, Student Health</b>

**INTENDED PURPOSE:**

The Halton District School Board is committed to providing direction to school administrators, staff, students and parents / guardians about the appropriate response on both a school-wide and individual level to minimize the inherent risks to students and others who have been diagnosed with Diabetes.

Diabetes is a chronic disease in which the body either cannot produce insulin or cannot properly use the insulin it produces. If left untreated or improperly managed, the high and low levels of blood glucose associated with diabetes can result in a variety of complications including death.

Hypoglycemia occurs when the amount of blood glucose (sugar) has dropped below an individual's target range. It is most often a result of an individual having injected too much insulin, or eaten too little food, or exercised without extra food. Hyperglycemia occurs when the amount of blood glucose (sugar) is higher than an individual's target range.

**PROCEDURE:****1. Roles & Responsibilities****a. Parents / Guardians of Children with Diabetes**

As primary caregivers of their child, parents / guardians are expected to be active participants in supporting the management of their child's diabetes while the child is at school and at school related activities. Parents / Guardians are expected to:

- i. Inform the school of their child's diabetes.
- ii. Meet with the principal prior to the child's first day of school and provide information related to their child's diabetic condition, routines and management.

- iii. Participate in the co-creation, review and updating of the Diabetes Plan of Care and other required forms within the first 30 days of each school year, upon registration, and following any changes or new diagnosis.
- iv. Encourage their child to wear a medical alert identification.
- v. Teach their child to understand the causes, identification, prevention and management of low/high blood sugar as appropriate to his/her age or cognitive ability, including to recognize and act on the first symptoms of low blood sugar, and to communicate clearly to adults/those in authority that he or she has diabetes and when feeling the onset of symptoms or a general feeling of “unwellness”;
- vi. Supply their child and/or the school with sufficient quantities of supplies for their Diabetes Management Kits (e.g., blood glucose monitoring items, insulin injections, oral glucose, juice), as directed by their health care practitioner and as outlined in the Plan of Care, and replenish as necessary, tracking use and expiration dates
- vii. Seek medical advice from a medical doctor, nurse practitioner or pharmacist to contribute to the Diabetes Plan of Care, as appropriate, and to set goals for self-management.
- viii. Educate their child about diabetes, their Diabetes Plan of Care, and support them to reach their full potential for self-management and self-advocacy.
- ix. Immediately inform school administration regarding any changes to their child’s health, lifestyle, diabetes procedures, management, and emergency contact information, and confirm for the Principal no less than annually if their child’s medical status is unchanged.

**b. Students with Diabetes**

Depending on their cognitive, emotional, social and physical stage of development, and their capacity for self-management, students shall actively support the development and implementation of their Diabetes Plan of Care. Students are expected to:

- i. Carry out daily routine self-management of their diabetes to their full potential, as described in their Diabetes Plan of Care.
- ii. Carry on their person or have readily accessible at all times their Diabetes Management Kit.
- iii. Wear their medical alert identification at all times.
- iv. Set goals for increased self-management, in conjunction with parents / guardians and health care professionals.
- v. Participate in the development and review of their Diabetes Plan of Care to promote an understanding of the plan and develop their potential for self-advocacy and self-management.
- vi. Promptly inform an adult that they have diabetes as soon as symptoms of hyperglycemia or hypoglycemia appear, when experiencing a general feeling of unwellness, or any challenges they may be facing related to diabetes;
- vii. As appropriate, take responsibility for advocating for their personal safety and well-being.
- viii. If possible, inform school staff and/or peers if there is a medical emergency.

**c. School Staff**

School staff play a key role in supporting the student’s safe, accepting, and healthy learning environment, and allowing students to participate in school to their fullest potential. School staff will:

- i. Review and implement the Diabetes Plan of Care for any student with whom they have direct contact.
- ii. Support a student’s daily or routine management of their condition, and respond to medical emergencies that occur during school, in accordance with Board policies and procedures.
- iii. Meet with the student and parents / guardians within the first 30 days of school to review the Diabetes Plan of Care, gather information about the individual student’s ability to manage their diabetes, and receive student-specific training for those on the School Care Team, as required by the Board.

- iv. Participate in training on diabetes, annually and as otherwise required by the school board.
- v. Share information on a student's signs and symptoms of a diabetic emergency with classmates and volunteers, as outlined in the Diabetes Plan of Care and authorized by the parent.
- vi. Inform occasional staff of the students with diabetes through the online absence reporting portal and the absent educator's supply plans. and ensure that the Plan of Care is available and in an organized, prominent and accessible format for occasional teachers and occasional support staff, as authorized by a parent/guardian.
- vii. Support inclusion by allowing students with diabetes to perform daily or routine management activities in a school location (e.g., classroom), as outlined in their Diabetes Plan of Care, while being aware of confidentiality and the dignity of the student.
- viii. Ensure the student's Diabetes Plan of Care is carried and followed, along with required materials (e.g., Diabetes Management Kit), on school trips, excursions, co-curricular, and co-operative education placements.
- ix. Support a student's inclusion by allowing them to perform daily or routine management activities in a school location, as outlined in their Plan of Care, while respecting the confidentiality and dignity of the student.

**d. The Principal**

In addition to the responsibilities outlined above under "School Staff", the principal (or designate) will:

- i. Ensure that parents/guardians are aware of their duty to notify the school of their child's diagnosis, and any changes to their child's condition.
- ii. Encourage the identification of staff who can support the daily or routine management needs of students in the school with diabetes, while honouring the provisions of the collective agreement.
- iii. Ensure there is a process in place to collate and share with staff the information on students with diabetes collected through the Registration Form or the annual Verification Form.
- iv. Ensure that a Diabetes Plan of Care is co-created, reviewed or updated by the parent, in consultation with school staff and with the student, within the first 30 days of the school year, upon registration, or upon learning of a new diagnosis.
- v. Maintain a Student Medical File for each student with diabetes and include the Diabetes Plan of Care, a copy of any prescriptions, Authorization for Self-Administration of Prescribed and Emergency Medication by Student Form, the Annual Review of Medical Information Form, the Medical Emergency Record, and OSBIE Student Incident Reports.
- vi. Communicate the Diabetes Plan of Care with all parties identified in the plan, as authorized by the parent.
- vii. Ensure there is an appropriate area for a student with diabetes to carry out routine management activities, whether in the classroom or in a private area.
- viii. Provide a sharps container for safe disposal of sharps waste, as well as lancets and testing strips, and where applicable, ensure universal precautions for blood and bodily fluid are followed as outlined in HDSB Infection Prevention - Body Fluid (Spill) Clean-up Administrative Procedure.
- ix. Ensure there is a process in place to support students with diabetes on field trips, excursions, co-curricular activities and cooperative education placements, and include their Diabetes Plan of Care with all other materials required for these events (e.g., Diabetes Management Kit).
- x. Ensure that occasional staff have access to the student's Diabetes Plan of Care and are familiar with emergency procedures, as authorized by a parent/guardian.
- xi. Ensure that parents have supplied all necessary medication and medical supplies, properly labelled with the student's name and prescription details, and that all items are safely stored.

- xii. Ensure that personal health information is safely and confidentially stored and destroyed as necessary.
- xiii. Ensure that staff complete the necessary training, annually and as otherwise required by the school board.
- xiv. Develop a plan to respond to a diabetic emergency during a school emergency (e.g., evacuation, hold and secure, lockdown).
- xv. Identify a School Care Team, in the Diabetes Plan of Care, who can support the daily or routine management needs of students with diabetes. The School Care Team must be comprised of a minimum of two staff members.
- xvi. Communicate with staff their roles and responsibilities to support a student with diabetes and review the student's Diabetes Plan of Care, as well as provide student-specific training for those on the School Care Team.
- xvii. Coordinate a case conference with relevant healthcare providers, parents / guardians, staff and paramedics, as deemed necessary. In cases where emergency medication is to be administered by paramedics, a case conference with their participation must occur.
- xviii. Coordinate support from the Local Health Integration Network (LHIN) and/or the parent to provide student-specific training for the School Care Team, as deemed necessary.
- xix. Document on the Medical Emergency Record and communicate with parents / guardians, as outlined in the student's Diabetes Plan of Care, any treatment for hypoglycemia and hyperglycemia. Document any diabetic emergency involving Emergency Medical Services by filing an OSBIE Student Incident Report online and a copy in the Student Medical File.
- xx. Communicate with parents in medical emergencies, as outlined in the Plan of Care.
- xxi. Debrief a diabetic emergency with staff, as appropriate, to review the Plan of Care.

**e. School Board**

The Halton District School Board will:

- i. Post the Supporting Students with Diabetes Administrative Procedure, and related forms and resources, with any updates, on the HDSB public website and myHDSB employee site.
- ii. Provide annual staff training on diabetes within the first 30 days of the school year.
- iii. Develop strategies that support the daily or routine management needs of students with diabetes.
- iv. Consider the Supporting Students with Diabetes Administrative Procedure when entering into contracts with transportation, and other providers.
- v. Develop expectations for schools to support the safe storage and disposal of medication and medical supplies.
- vi. Ensure that students' personal health information is safely and confidentially stored and destroyed as necessary.
- vii. Raise awareness of their policies and procedures relating to student health needs.

**2. Plan of Care**

The Diabetes Plan of Care is a form that contains individualized information on the student's condition, and identifies the School Care Team of staff, strategies to monitor blood sugar levels, administer insulin, symptoms of low and elevated blood sugar levels, and emergency medical responses.

The Diabetes Plan of Care shall be co-created, reviewed or updated by the parents / guardians in consultation with the principal, designated staff and the student within the first 30 days of the school year or as soon as possible upon registration or diagnosis.

A School Care Team, with a minimum of two staff, will be identified on the Diabetes Plan of Care. Specific responsibilities of the School Care Team in supporting, monitoring and responding to a diabetic emergency will be delineated. The School Care Team will receive student-specific training by the parent and/or diabetes educator from the Local Health Integration Network (LHIN) on the implementation of the Diabetes Plan of Care.

Parents / Guardians have the authority to designate who is provided access to the Diabetes Plan of Care. With authorization from parents / guardians, the Diabetes Plan of Care will be:

- i. Shared with appropriate school staff and others who are in direct contact with students with diabetes (e.g. food service providers, transportation providers, volunteers).
- ii. Posted in a key area of the school where staff have access on a regular basis.
- iii. Located in the educator's daybook and/or occasional staff plans.

### 3. Facilitating and Supporting Daily or Routine Management

In general, diabetes is managed through daily routines involving blood glucose monitoring, managing the intake of food, administration of insulin via injection or pump, and planning for activity. The student's capacity to independently monitor and carry out these routines depends on a number of factors including their cognitive, emotional, social and physical stage of development, all of which must be outlined in their Diabetes Plan of Care.

In developing the Diabetes Plan of Care, school staff must allow for flexibility and individualized discretion on where and when these daily routines occur, respecting both inclusion and preference for privacy.

Parents/Guardians, in working with school staff, must ensure that a Diabetes Management Kit is provided, maintained and refreshed to support daily management at school. This kit may include: blood glucose monitoring items, insulin injections, oral glucose, juice. The Diabetes Management Kit, including medications with the original pharmacist label and container, may be stored in the office or other secure location, in accordance with the Board's Administrative Procedure "Administration of Prescribed and Emergency Medication – Elementary and Secondary".

### 4. Emergency Response

"Emergency" is defined by the Health Care Consent Act, 1996 to include a situation where the individual is experiencing severe suffering, or is at risk of sustaining serious bodily harm, if the treatment is not administered promptly.

All staff are required to be trained annually in the emergency responses to diabetic emergency. The individualized response to a student's diabetic emergency shall be detailed in the student's Diabetes Plan of Care. Staff who are in direct contact with the student, and those identified on the School Care Team, shall review and be trained on the Diabetes Plan of Care.

Glucagon (Glycogen) is an emergency drug that is used to treat severe hypoglycemia. School staff will not administer glucagon injections and Halton Emergency Medical Services carries their own doses. As such, glucagon by injection is not to be stored at school.

- a. In the event of a diabetic emergency as described in the Diabetes Plan of Care:
  - i. For mild to moderate hypoglycemia (low blood glucose), staff shall:
    1. Check blood glucose and respond immediately, per the student's Diabetes Plan of Care.
    2. Contact the parent and update as steps 3 - 6 proceed.
    3. Re-check blood glucose in 15 minutes.
    4. If still below 4 mmol/L, repeat steps 1 and 2 until blood glucose is above 4 mmol/L. Give a starchy snack of next meal/snack is more than one (1) hour away.
    5. Ensure the student is supervised until their blood glucose has increased and is stabilized as indicated on their Diabetes Plan of Care.
    6. Document the details on the Medical Emergency Record.
  - ii. For mild to severe hyperglycemia (high blood glucose), staff shall:
    1. Allow student free use of bathroom.
    2. Encourage student to drink water only.
    3. Call the parent or emergency contact if blood glucose is above the level noted in the Diabetes Plan of Care.
    4. Document details on the Medical Emergency Record.

- b. In the event of a diabetic emergency requiring Emergency Medical Services, as described in the Diabetes Plan of Care:
  - iii. For severe hypoglycemia where a student is unresponsive, staff shall:
    - 1. Place student on their side.
    - 2. Call 9-1-1. Do not give food or drink.
    - 3. Contact parent or emergency contact.
    - 4. Supervise student until paramedics arrive. Follow the direction of medical staff.
    - 5. Transport student to hospital by ambulance.
    - 5. Complete an OSBIE Student Incident Report.

## 5. Safety Considerations

The principal will provide each student with a convenient, clean and safe location to administer insulin and/or diabetes medications and, if preferred by the student, in a private location. Additionally, the principal will provide a sharps container for safe disposal of sharps waste (injection devices), as well as lancets and testing strips. The Board's Administrative Procedure for the clean-up of bodily fluids should be followed, where applicable.

## 6. Documentation

The principal shall maintain the following for each student with diabetes:

- i. A Diabetes Plan of Care that is co-created with the parents / guardians and student, and reviewed or updated each year.
- ii. A signed Authorization for Self-Administration of Prescribed and Emergency Medication by Student Form if the student is using insulin by injection. Students who wear an insulin pump do not require a completed form.
- iii. A signed Annual review of Medical Information – No Changes form, as applicable.
- iv. Accurate data entry in the student information system that flags students with a life-threatening condition - medical peril - diabetes.
- v. Medical Emergency Record is completed whenever a student is treated for hypoglycemia or hyperglycemia. In the event that Emergency Medical Services are required, an OSBIE Student Incident Report is filed online and a copy placed in the Student Medical File.
- vi. A Student Medical File for each student with diabetes, containing all relevant documentation.

## 7. Liability

The Good Samaritan Act, passed in 2001, protects individuals from liability with respect to voluntary emergency medical or first aid services. Subsections 2(1) and (2) of this act state the following with regard to individuals:

*2.(1) Despite the rules of common law, a person described in subsection (2) who voluntarily and without reasonable expectation of compensation or reward provides the services described in that subsection is not liable for damages that result from the person's negligence in action or failing to act while providing the services, unless it is established that the damages were caused by the gross negligence of the person.*

*(2) Subsection (1) applies to, ... (b) and individual... who provides emergency first aid to a person who is ill, injured or unconscious as a result of an accident or other emergency, if the individual provides the assistance at the immediate scene of the accident or emergency.*